Enrollment Form

Today's date ______________________

Child's name ______________________________________ Sex ☐Male ☐Female

Home address ____

City __________________ State_________ Zip___________ Phone_________________________

Date of birth _______________________________ Start date at LBLC ________________________

Fathers	Mothers
name ___________________________________	name ___________________________________
Address ___________________________________	Address ___________________________________
Home phone ______________________________	Home phone ______________________________
Occupation _______________________________	Occupation _______________________________
Employer _________________________________	Employer _________________________________
Business phone ____________________________	Business phone ____________________________
Cell phone ________________________________	Cell phone ________________________________
Email ____________________________________	Email ____________________________________

Marital Status:

☐Married and living together ☐Living together ☐Divorced ☐Widowed ☐Single

Is applicant of present marriage? ______________ Adopted ______________

Other children living with family:

Name ______________________________ Age ____________

Name ______________________________ Age ____________

Name ______________________________ Age ____________

Others living in the home: ____

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Child will be at Little Beginnings: ☐ Full- time ☐ Part- time

☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. Hours ______________________________

Name, address, and phone number of person(s) who may pick up your child and/or be called if parent cannot be reached. (at least two names are required)

Name ______________________________ Phone Home______________________________

Address______________________________ Phone Cell______________________________

Relation to Child______________________________ Phone Work______________________________

Name ______________________________ Phone Home______________________________

Address______________________________ Phone Cell______________________________

Relation to Child______________________________ Phone Work______________________________

Name ______________________________ Phone Home______________________________

Address______________________________ Phone Cell______________________________

Relation to Child______________________________ Phone Work______________________________

Names of any other persons who have permission to pick up at anytime without further permission or notice:

Name ______________________________ Phone Home______________________________

Name ______________________________ Phone Home______________________________

Name ______________________________ Phone Home______________________________

Is there anyone who MAY NOT pick up your child? ☐ Yes ☐ No

If yes, (name) ______________________________

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Special Medical Information:

Child's name______________________________ DOB______________________

In case of an emergency contact: *(ALL are required info.)*

Family physician ______________________________ Phone ______________________

Address____

Family dentist ______________________________ Phone ______________________

Address____

Hospital ______________________________ Phone ______________________

Address____

Little Beginnings has my permission to secure medical help including the services of the rescue squad or emergency room of Regina Memorial Hospital in the event of an emergency. I also give permission for my child's confidential medical information to be readily available to the legal guardians, LBLC staff, health care professionals, DHS & licensing, Emergency responders, and Health Care Consultants.

Signature Legal guardian ______________________________ Date ______________________

Health Insurance carrier ____________________ Policy holder name ______________________

Policy number______________________ *(Insurance information optional, but helpful in an emergency)*

Allergy Information:

Dietary____

Allergies,Asthma____

Medications____

Other Information:

Is there anything else you would like us to know about your child/family? ie other languages spoke in the home, cultural or religious traditions, special instructions, etc.

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